



CERTIFICATE OF
COMPLETION FOR AN
INJECTION WELL

To be filed within 90 days of Final Well Construction (805 KAR 1:110)

D.O.G. Permit No _____ EPA Identification No KYS _____

Well Owner/Operator _____

Permanent Address _____
STREET CITY STATE ZIP

Phone _____ Email _____

Mineral Owner Name _____ Well No _____ County _____

Carter Coordinate Location
☐ FNL ☐ FEL
☐ FSL ☐ FWL SEC _____ LETTER _____ NUMBER _____

Total Depth _____

1. The casing program for the above identified well is as follows:

Casing Size	New or Used	No. of Sacks Cement	Cement Column-Top to Bottom

2. Injection shall be accomplished through tubing and packer as described below:

Size of Tubing	Type of Packer	Packer Depth

3. Was cement bond log run? YES ☐ NO ☐ If yes, attach one copy.

4. Maximum anticipated injection pressure at wellhead _____ psi.

5. Maximum anticipated injection volume _____(bbls.) ☐ (cu.ft.) ☐ per day.

6. The injection zone is known as the (geological name) _____, and this formation is located in the wellbore from _____ to _____.

7. a. The _____ size casing has been cemented to a depth of _____ and the perforated interval is from _____ to _____ with _____ number of perforations.
b. The injection interval is through an open-hole and porous strata below the injection interval has not been drilled or is plugged back with a column of cement from _____ to _____.

8. Describe in detail the monitoring method for the annulus between the injection tubing and the next string of casing. Identify the type of instrument to be used and the time interval between observations by an authorized representative of the operator. Records of monitoring must be kept on file by the operator and available to the Division of Oil and Gas upon request. (Use additional pages as needed).

9. I, the operator of the above identified well, certify that the above information is accurate and correct and that I further certify that I have performed an internal mechanical integrity test of the tubing annulus under direction of the Division of Oil & Gas to ensure there are no leaks in the tubing/packer assembly. (Describe each test fully)(Use additional pages as needed) (Test pressure must exceed the maximum anticipated injection pressure listed on line 9 by at least 100 psi)

If any entity other than a sole proprietorship, signatory must be an officer of the entity or provide power of attorney to execute documents. If a sole proprietorship, signatory must be same or provide power of attorney to execute documents.

Signature of Operator _____ Title _____

Printed Name _____ Date _____

Sworn To and Subscribed Before Me This _____ Day of _____, 20_____

My Commission Expires Notary Public

Attachment for Question #8

Use this attachment sheet to provide the information for question number 8:

Attachment for Question #9

Use this attachment sheet to provide the information for question number 9: